



## Bristol City Council Equality Impact Assessment Form

Name of proposal	Supporting People commissioning – commissioning `help when you need it` support for adults with care and/or support needs.
Directorate and Service Area	People – Adults – Strategic Commissioning
Name of Lead Officer	Carol Watson

**Step 1: What is the proposal?**

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

**1.1 What is the proposal?**

A decision was made by Cabinet in October 2018 to extend the current contracts that the City Council has to provide support to:

- People in sheltered housing
- Floating support for older people
- People with mental health issues, learning difficulties, autism, sensory impairment and other support needs.

We also decided to make a plan for these services that is in line with the council's plan to improve lives for people with care and/or support needs – this is called our `Better lives` programme.

Existing contracts have been extended to April 2020 and the council will consult on how we should best spend this money after April 2020.

**Recommendation 1: Commissioning of 'Help when you need it' services for older people – health, wellbeing and housing related support in sheltered housing and in the community.**

These interventions will have City wide impact and will support older people to continue to remain living as independently as they are able to. These services will support the Council's '3 Tier model' by intervening and offering help `when people need it` that is time limited and targeted at older people. Older people

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who might not yet need care services but do need support to help them to access health care, maximise their finances, budget successfully and access their community.

The service will work with people who are in both/either sheltered accommodation for people 55+ and people living in the community, or in their own tenancies/private housing. The key elements of this are that it will:

- Focus on outcomes to be achieved with older people
- Be time limited
- Easily accessible if people needed to come back to the service
- Work in an integrated way with other providers and parts of the social care system e.g. GP services/ hospitals
- Maximise independence, finance, health and well being
- Services will be accessed through agreed referral routes but will operate a `no wrong door` policy so that people are re-directed successfully to the service that will best help them when they need it.

### **Recommendation 2: Commissioning of ‘Help when you need it’ services for working age adults – health, wellbeing and housing related support for people in supported accommodation and in the community.**

These interventions will have city-wide impact for people who have additional support needs that relate to their mental health, physical health, sensory impairment and autism and /or learning difficulties to continue to remain living independently where they live. These services will support the Council’s ‘3 Tier model’ by intervening and offering help `when people need it` that is time limited and targeted to their needs.

People who might not yet need care services but do need support to help them to access health care, maximise their finances, budget successfully and access their community.

The key elements of this/these interventions is that it/they will

- Focus on outcomes to be achieved with people
- Be time limited
- Be easily accessible if people need to return for further support
- Work in an integrated way with other providers and other areas in peoples` lives e.g. GP services/ mental health services/housing

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services

- Maximise independence, finance, health and well being
- Services will be accessed through agreed referral routes but will operate a `no wrong door` policy so that people are re-directed successfully to the service that will best help them when they need it.

### Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

#### 2.1 What data or evidence is there which tells us who is, or could be affected?

Indicative service user numbers by type of service at any one time (September 2017)

Service	Service users
Sheltered housing alarm and warden services	1593
Community based support for mental health	451
Supported Living – LD and MH	340
Generic floating support (Community Support Teams)	280
Short term mental health floating support	260
Older people floating support	156
Advice Services, Welfare Rights and Money Advice Service	134
Long term floating support (LD and MH)	72
Physical and sensory impairment floating support	55
Floating support for people with HIV	24
Physical and sensory impairment supported housing	8

#### Sheltered Housing

The following data is taken from survey returns of 70% of sheltered housing providers (December 2018).

- The large majority of service users in sheltered housing are ‘White: English/Welsh/Scottish/Northern Irish/British (85%). This is higher than the average for Bristol in the 2011 Census (77.9%). 7% are ‘White: Other.’
- There is an overrepresentation of people of White British ethnicity

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compared with the Bristol population.

- 3% are ‘Black/Black British Caribbean.’ Other ethnicities are represented but at a low percentage. There is no known representation from Indian, Chinese or Pakistani ethnicities, for example.

Ethnicity	Number	%	2011 Census (Bristol)
White: English/Welsh/Scottish/ Northern Irish/British	227	85%	77.9%
White: Other White	18	7%	-
Black/Black British: Caribbean	8	3%	1.6%
Mixed: White and Black Caribbean	4	1.5%	-
Asian/Asian British: Chinese	4	1.5%	0.9%
White Irish	3	1.1%	0.9%
Black Other	2	0.7%	1.6%
Black/Black British: African	1	0.4%	-
Mixed: Other Mixed	1	0.4%	-
Other ethnic group: Other	1	0.4%	0.6%

- 32% of service users in sheltered housing have a disability, which is higher than the Bristol average (16.7%). The average age of those with a disability is 76 years. 49% of those with a disability have had a Care Act Assessment.
- Most service users have been living in sheltered housing for up to 5 years, although some have lived in sheltered housing for a significantly longer period of time.
- Most service users in sheltered housing need the primary support offered by living in sheltered housing (56%), with specific primary needs being identified around health, mobility, frailty and ageing.
- The majority of service users did not have a Secondary Need. ‘Support with Health’ (22%) was the most common secondary need followed by ‘Ageing’ and ‘Frailty’
- Almost half of service users in sheltered housing have had a Care Act Assessment (49%).

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- There was a lack of information on what other Care and Support services were received, although a third of service users did receive these. A small number of service users received Home Care and CSS services, suggesting there is a small need for eligible social care services.
- 77% of service users in sheltered housing say they are ‘Heterosexual or Straight.’ 2% Gay or Lesbian and 0.4% Bisexual.
- There is insufficient data to accurately draw conclusions regarding gender reassignment
- The majority of service users in sheltered housing are Christian (59%), followed by ‘No Religion’ (27%). Muslim and Jewish were the other religions recorded.

### Floating Support

- 76% of floating support service users are White: English/Welsh/Scottish/Northern Irish/British, which is just under the Bristol average of 78.9%.
- 5% of service users are White Irish, 3% of service users are Black/Black British: Caribbean and 1.3% are Black/Black British: African. It is hard to compare data against the 2011 census due to differences in categorisation; however there is evidence that some ethnicities may be underrepresented, such as Pakistani, African and Indian ethnicities.

Ethnicity	Number	%	2011 Census (Bristol)
White: English/Welsh/Scottish/Northern Irish/British	1013	76%	78.9%
White Irish	64	5%	0.9%
Black/Black British: Caribbean	35	3%	1.6%
White: Other White	28	1.9%	
Any Other White Background	21	1.4%	
Black/Black British: African	19	1.3%	
Any Other Dual Background	18	1.2%	
Asian/Asian British: Other Asian	14	0.9%	
Mixed: White and Black Caribbean	14	0.9%	
Black/Black British: Other Black	11	0.7%	

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Other ethnic group: Other	11	0.7%	
Asian/Asian British: Pakistani	9	0.6%	
African	8	0.5%	2.8%
Mixed: Other Mixed	8	0.5%	
Any Other Ethnic Background	7	0.4%	
Asian/Asian British: Bangladeshi	7	0.4%	
Asian/Asian British: Indian	6	0.4%	
Caribbean	6	0.4%	
Dual: White & Asian	6	0.4%	
Pakistani	4	0.2%	1.6%
Mixed: White and Asian	3	0.2%	
Other ethnic group: Arab	3	0.2%	
Any Other Asian Background	2	0.1%	
Any Other Black Background	2	0.1%	
Dual: White & Black African	2	0.1%	
Indian	2	0.1%	1.5%
Mixed: White and Black African	2	0.1%	
Bangladeshi	1	0.1%	0.5%
Chinese	1	0.1%	0.9%
Dual: White & Black African	1	0.1%	
Refused	1	0.1%	
White: Gypsy or Irish Traveller	1	0.1%	

- Regarding Floating Support Service for people with HIV, provider data shows that Service users in this group are predominantly African nationalities, recent migrants to the UK, have HIV and are at risk of homelessness.
- There is a lack of information on religion to draw firm conclusions. 25% of service users have 'No Religion' while the largest recorded religion is Christian (23%), compared with the Bristol average of 46.8%. There is evidence of other religions.
- Primary needs are likely to be shaped by eligibility criteria. The large majority of Floating Support service users have a primary need of 'Mental Health' (43%). This is followed by Physical Disability (11%) and

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‘Older People with Support Needs (7%) and ‘Visual Impairment (7%). 6% of service users had a primary need of a ‘Carer’ (6%) or Learning Disabilities (6%). There is evidence of some need for Primary Support with Tenancy Support (2%). ‘Other’ primary needs included Autism, Dementia, Hoarding Support, Isolation and Support with Risk of Domestic Violence.

- Most service users did not have a secondary need (55%). The most common secondary need recorded was ‘Complex Needs’ (12%) followed by ‘Physical Health’ (9%), ‘Mental Health’ (7%) and Learning Disability (5%). ‘Other’ secondary needs included help with Finance, ‘Deaf’, ‘Elderly’ and Carer.
- The large majority of service users (84%) have received the service for less than 1 year. 13% of service users have received the service for between 1 year and under 4 years (13%).
- There was a lack of data received on the number of service users with a Care Act Assessment. We know that 14% of service users have received a Care Act Assessment while 47% have not.
- The large majority of floating support service users do not receive another Care and Support service (75%). 6% of service users receive Home Care and 4% received ‘Statutory Mental Health’ services. 1% of service users received CSS services. ‘Other’ services received included Extra Care Housing, Residential, Substance Misuse Services and Accommodation Based Services.
- There was a lack of data on disability. 53% of floating support service users have a disability, which is higher than the Bristol average of 16.7%.
- 54% of floating support service users are female.
- The largest age groups are the 51 to 55 age group (14%) and the 56-60 age group (13%). 12% of service users are under 30 while 4% of service users are over 81 years of age. The average age of floating support service users is 51.
- There is a lack of data on sexual orientation. 54% are Heterosexual or Straight, 1% Gay or Lesbian and 1% Bisexual.

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- There is insufficient data to accurately draw conclusions regarding gender identity.

### Accommodation Based Services

#### Ethnicity

- 83% of Accommodation Based Services service users are White: English/Welsh/Scottish/ Northern Irish/British, which is higher than the Bristol average of 78.9%.
- It is hard to compare data against the 2011 census due to differences in categorisation; however there is evidence that some ethnicities may be underrepresented, such as Pakistani, African and Indian ethnicities.

	Number	%	2011 Census (Bristol)
White: English/Welsh/Scottish/ Northern Irish/British	216	83%	78.9%
Black/Black British: Caribbean	19	7%	1.6%
Mixed: White and Black Caribbean	5	1.9%	
White: Other White	5	1.9%	
Asian/Asian British: Bangladeshi	2	0.7%	
Asian/Asian British: Other Asian	2	0.7%	
Asian/Asian British: Pakistani	2	0.7%	1.6%
Black/Black British: African	2	0.7%	2.8%
Black/Black British: Other Black	2	0.7%	
Asian/Asian British: Indian	1	0.3%	1.5%
Mixed: Other Mixed	1	0.3%	
Mixed: White and Black African	1	0.3%	
Other ethnic group: Other	1	0.3%	
White: Irish	1	0.3%	0.9%



### Known Primary Needs

- The majority of service users have a primary need of Mental Health (51%). The second highest primary need is Learning Disability (35%). Other primary needs included 'Deaf' (3%), 'Downs Syndrome' (3%) and Autism (2%).
- There are a wide range of recorded secondary needs. Mental Health and Learning Disabilities are the highest recorded secondary needs (13%), followed by 'Alcohol' (8%), Tenancy (8%), Drug use (7%), Dementia (7%), Mobility (7%) and Epilepsy (5%). Other recorded secondary needs include 'Elderly', 'Medication,' and 'Hoarding.'
- Most service users have been in Accommodation Based Services for under 5 years (46%), with 2 to <3 years the most common (16%). However 23% of service users have been in Accommodation Based Services for between 10 and <20 years, while 6% of service users have been receiving services for longer.
- 42% of service users have received a Care Act Assessment. Some data is missing so this figure could be higher.
- 55% of service users do not receive any other Care and Support Services. 12% receive 'Social Services funded support services' but no further detail was provided. 11% of service users receive Community Support Services, 6% Home Care, 3% Community Psychiatric Nurse services and 2% Mental Health Services. 'Other Services' included 'Community Treatment Order,' and 'Care and Repair.'
- There is a lack of data on Disability. 44% of service users have a disability and this number could be higher. This is higher than the Bristol average of 16.7%.
- 64% of Accommodation Based Services service users are male. This is higher than the Bristol average (50% women and 50% men) and confirms there are a disproportionate number of males in ABS services.
- There are a range of ages in Accommodation Based Services, however the majority of service users receiving services are between 51 and 55 years of age (18%) followed by those aged between 56 and 60 (14%).

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The average age of service users is 52.

- There is a lack of data on Sexual Orientation. 42% of service users are Heterosexual or Straight, 2% Gay or Lesbian and 1% Bisexual. 51% of data is not known or not recorded.
- 98% of service users identify as the same as the sex they were assigned at Birth, while 2% do not.
- Most service users have no religion (41%), compared with the Bristol average of 37.4%. Christianity is the highest recorded religion (32%) compared with the Bristol average of 46.8%. 3% of service users are Muslim compared with the Bristol average of 5%, and 1% 'Other.' However religion is unknown for 17% of service users.

### General Trends

We know that Bristol has an ageing population and that this will gradually increase over the next few years.

The current mental health floating support services have seen significant demand and have consistently had a waiting list of people looking to access support. 6.8% of Bristol residents reported a low life satisfaction score, significantly more than nationally (4.8%) 2014/15 and our local data shows 13% have “below average mental wellbeing”, but significantly more in deprived areas (20%).

Overall there has been a steady decline in the numbers of adults with learning disabilities living in both residential care and nursing care. More people with learning disabilities are living and being supported in community settings, including supported living. It is therefore likely that the demand for ‘help when you need it’ interventions, for people with a Learning Disability, will grow.

Older people are living for longer and there is more likelihood of people being diagnosed with Dementia.

There is likely to be an increase in mental health disorders locally above the national trend and comparatively (core city comparison).

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<b>2.2 Who is missing? Are there any gaps in the data?</b>
There is a lack of demographic data in the areas of sexual orientation, gender reassignment and religion.
<b>2.3 How have we involved, or will we involve, communities and groups that could be affected?</b>
As well as looking at the data we have also asked people who use the services at the moment and the people who provide these services how we should spend this money in the future and what sort of help people need to stay independent for as long as they can. We consulted with service users through specific questionnaires and focus groups and with providers through stakeholder engagement meetings.  Going forward we will: <ul style="list-style-type: none"><li>• Formally consult with Stakeholders and Service Users on the Commissioning Strategy for potential new services.</li></ul>

### Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

<b>3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?</b>
Recommissioning of services could have an impact on almost all groups with protected characteristics in some way with a particular emphasis on older and disabled people, people with learning disabilities, people with mental health issues, people with physical and sensory impairment and people with a diagnosis of HIV.  <b>Age</b>  Many older service users, particularly those receiving support in the community, rely on access to floating support and sheltered housing services

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to remain independent at home and preventing further crises. It is critical that the needs of people receiving these services is assessed and the impact of any agreed changes to service provision takes into account the impact on older people receiving support in the community and in sheltered housing.

### **Disability**

The majority of people accessing community, accommodation based, and sheltered services have a disability, including physical and/or mental health support needs, including people with learning disabilities. As part of the recommissioning process it is important that people currently receiving these services continue to get ‘help when they need it’ in a fair and accessible way that meets their needs.

Many people receiving Information and Advice services have mental health problems and live in less affluent areas of the city. Interventions are critical to maintaining independence. This must be considered where services are recommissioned.

### **Sex**

No adverse impacts identified. Some of the floating support services are specifically targeted towards women. Therefore any reduction in these services would need to be further assessed.

### **Ethnicity**

There is currently an overrepresentation of White: English/Welsh/Scottish/Northern Irish/British ethnicity in Sheltered Housing and Accommodation Based Services compared with the local population. As part of the recommissioning process it will be important to ensure that services are accessible, and meet the needs of, the local population and services are monitored to ensure they are non-discriminatory.

### **Religion**

No adverse impacts identified.

### **Gender Reassignment**

No adverse impacts identified. Regarding Floating Support Service for people

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with HIV, The Avert website states that “Transgender people are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population. Globally, it is estimated that around 19% of transgender women are living with HIV”. Therefore any potential reduction in these services would need to be further assessed.

### **Sexual Orientation**

There is a lack of profile data on sexual orientation. There is no evidence that the proposals would have an adverse impact. It is important that people do not experience barriers to care and support services due to their sexual orientation.

### **Marriage and Civil partnership**

No adverse impacts identified.

### **Pregnancy and Maternity**

No adverse impacts identified.

### **Other considerations**

It has been identified that many service users with multiple protected characteristics have difficulty accessing mainstream services. We will be mindful of this in planning new services under the Better Lives and Tier 2 Work streams, which is particularly relevant for ‘help when you need it services.’

Most people accessing these services need help with support to maintain independent living (including benefit advice). Any potential reduction or recommissioning of support, could potentially lead to an increased risk of homelessness and/or risk to tenancy if the needs of people are not fully assessed as part of the recommissioning processes.

### **3.2 Can these impacts be mitigated or justified? If so, how?**

There is an excellent opportunity to mitigate any further adverse impact of changes through the re-design process. Since then a number of further provider and service users engagement events have taken place as part of the re-design project. By taking an approach of coproducing the new delivery model for these services, the impact on those with protected characteristics will continue to be considered at all stages to ensure that the

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impact is not disproportionate.

3.3 Does the proposal create any benefits for people with protected characteristics?

- Creating new service models for all these services under the Bristol City Council 'Better Lives' Programme and 'Tier 2 Work stream' provides an opportunity to ensure that these services continue to benefit people with protected characteristics identified in this analysis.
- Key outcomes for the Better Lives programme are that more people will retain their independence through accessing support in the community and that more people will be supported to maintain / improve their independence and wellbeing through receiving care and support at home. The Better Lives programme aligns directly to one of the main themes in the refreshed Corporate Strategy and the related commitments :
  - Empowering and Caring: Work with the city to empower communities and individuals, increase independence and support those who need it.
  - Provide 'help to help yourself' and 'help when you need it' through a sustainable, safe and diverse system of adult and children's social care provision.
  - Prioritise community development and enable people to support their community.
- Services could potentially be remodelled to provide more benefits to people with protected characteristics than they already do. This must continue to be assessed through Equality Impact Assessment of the ongoing process and continued service user and stakeholder engagement.

3.4 Can they be maximised? If so, how?

- The recommendation to establish pathways that ensure people get support at the right time should have a positive impact. This should mean that people who need to access these services can do so when they need it, maximising the benefit of these services.

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- These services will continue to be targeted at vulnerable adults who are likely to be physically or mentally disabled or are older people. The support they receive will enable them to remain living independently in their own accommodation for longer and maximising independence outcomes will include improved health and wellbeing.

### Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

#### 4.1 How has the equality impact assessment informed or changed the proposal?

- The factors in the original equality impact assessments for the 2017 and 2018 Cabinet Decision have continued to be considered in the context of the new proposals.
- Provider and stakeholder engagement has continued and more information on those people potentially affected has been collected and assessed. This will be an ongoing process as the re-design process continues.
- This equality impact assessment has highlighted the need to ensure impact on people with protected characteristics continues to be assessed as part of the remodelling process under the 'Better Lives' Programme and 'Tier 2' Work streams.

#### 4.2 What actions have been identified going forward?

- It is important that service user and stakeholder engagement continues as the commissioning proposals are developed.

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- Actions to mitigate the impact will continue to be looked for at each stage of the development of new proposals through engagement and coproduction with service users, providers and key partners.
- The future model will be developed and commissioned to effectively and efficiently meet identified need and demand whilst providing value for money and maximum impact. By working in coproduction with the service users, providers and partners, this will enable a greater knowledge of the needs of these client groups, as well as assist with understanding the interdependencies and how future provision of these housing related support services will effectively contribute to maximising independent living and improving health and wellbeing.
- This Equality Impact Assessment will be updated following the results of the consultation on the Commissioning Strategy and the finalisation of the Commissioning Plan.
- Providers contracting with Bristol City Council will be subject to an accreditation process to ensure that all providers have an up to date equalities policy which is reviewed on a minimum of every 3 years or more frequently where appropriate (i.e. changes to legislation). All current services have been required to meet the minimum standards of the Supporting People Quality Assessment Framework (QAF) as part of their contract.

### 4.3 How will the impact of your proposal and actions be measured moving forward?

The future success will be measured through both outcomes and outputs of the services we buy.

Outcomes - services will be measured using an agreed standard of outcome measurement. We will measure success by how effective providers are at meeting agreed outcomes with service users as outlined in Service Specifications.

Outputs – services will be measured on a variety of outputs that are relevant to the service provided. These will be:



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- numbers of people using the service
- the through put of service users
- inclusivity of services provided (equalities/demographic information)
- number of people who remain independent

Quality – will be measured using the City Councils Quality assessment framework

<p>Service Director Sign-Off:</p> <p><u>T A Defto</u></p>	<p>Equalities Officer Sign Off:</p> <p><i>Duncan Fleming</i></p> <p>Duncan Fleming</p>
<p>Date: 25/2/2019</p>	<p>Date: 21/2/2019</p>